

Differentiated Service Delivery and COVID-19

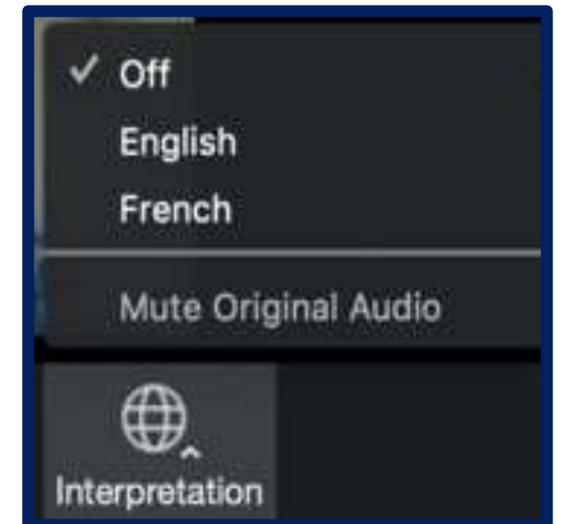
Where are we now? A policy & practice update from Cote d'Ivoire and perspectives from global stakeholders

June 16 | Le 16 Juin

- Please type your name, organization and email address in the chat box
- If you would like to join the CQUIN-COVID WhatsApp group, please also add your telephone number 😊
- Please ask questions to panelists in the Q&A box
- Veuillez saisir votre nom, votre organisation et votre adresse électronique dans la boîte de discussion
- Si vous souhaitez rejoindre le groupe CQUIN-COVID sur WhatsApp, veuillez également ajouter votre numéro de téléphone 😊
- Veuillez poser vos questions aux panélistes dans la boîte à questions et réponses

Welcome/Bienvenue

- Be sure you have selected the language of your choice using the “Interpretation” menu on the bottom of your screen.
- Assurez-vous d’avoir sélectionné la langue de votre choix à l’aide du menu <<Interprétation>> en bas de votre écran Zoom.



Panelists & Agenda/Panélistes et ordre du jour

- **Dr. Patrice Nazaguéhi Ladji**, Directeur Coordonnateur Adjoint, Programme National de la Lutte contre le Sida (PNLS)
- **Alain Somian**, Directeur Exécutif Du RIP+, Cote d'Ivoire
- **Panel of perspectives**
 - **Dr. Lee Abdelfadil**, *Senior HIV Advisor*, the Global Fund Strategy, Investment, & Impact Division, the Global Fund
 - **Wame Jallow**, *Director Global Programs and Advocacy*, ITPC
 - **Dr. Ani Shakarishvili**, *Special Adviser in Fast Track Implementation Unit*, UNAIDS
 - **Dr. Katy Godfrey**, *Senior Technical Advisor HIV Care & Treatment*, PEPFAR/Office of the Global AIDS Coordinator, PEPFAR



Adaptations to PSD implementation in Cote d'Ivoire to ensure continued provision of service to PLWHA in the context of COVID-19

** (PSD – Differentiated Service Delivery)*

Dr Kouadjalé D Mathurin

Head of Treatment Services

National Program for AIDS Control (PNLS -

Programme National de Lutte against the Sida)



Outline of Presentation

1. Burden of COVID-19 in Cote d'Ivoire
2. Adaptations for multi- month distribution
3. Adaptations to group models
4. Best Practices
5. Follow-up and assessment in the COVID-19 context
6. Challenges and priority Questions

The Burden of COVID-19 in Cote d'Ivoire

- Measures taken against the COVID-19 pandemic in CI / **1st case : May 11, 2020**
 - Closing of borders
 - Establishment of curfew from 9:00 p.m. to 5:00 a.m. starting on Tuesday March 24
 - Closing of schools
 - Progressive confinement of populations
 - Creation of humanitarian corridors to come to the aid of persons or communities with an urgent need for assistance
 - Placement in quarantaine of suspected cases and contacts of sick individuals in facilities requisitioned by the State
 - Banning of gatherings
 - Suspension of all athletic events
 - Physical distancing (at least 01 meter)
 - Required wearing of masks
 - Closing of bars, restaurants and *maquis* (food stalls)
 - Reduction in the number of passengers on public transport



La Bonne Info

POINT DE SITUATION COVID-19

12 juin 2020



2376
personnes en traitement

TOTAL GÉNÉRAL



Adaptations to multi- month distribution

- **A single model for distribution of ARVs has been implemented, as follows: dispensing 3 months of ARV's for all patients:**
 - New patients, unstable patients, stable patients
 - Pregnant women (based on pregnancy calendar)
 - Adolescents and children
 - Co-infected TB/HIV patients
- Replenishment of synchronized medications through dispensation, particularly for TPI patients
- Distribution of ARVs to be followed by distribution of female and male condoms
- If patient cannot travel, agree on a suitable place for delivery of his ARV allocation
- For PLWHA age 60 or over, and those presenting a comorbidity (tuberculosis, cardiovascular pathology, viral hepatitis, etc.), community distribution of ARVs will be given preference, combined with Antituberculars and TPI

Adaptations to group meetings

- Group meetings are suspended in the current context for
 - Self-support groups of stable patients
 - Groups of adolescents
- Group meetings for community adherence are held with observance of key barrier measures
 - Social distance
 - Wearing of masks
 - Washing of hands
 - No handshakes or hugs

Best practices (1)

- Drafting and implementation of a plan covering clinical and community interventions to ensure continuity of service (use of community agents /social workers to replenish ARVs of confined patients)
- Taking TB patients into account, with distribution of the remainder of their allocation to complete their treatment
- Support for COVID-19 response to ensure that patients are not neglected in follow-up appointment for ARV replenishment, Viral Load supply and enhanced adherence counseling for those who need it
- Setting up a framework to facilitate remote work to maintain follow-up on activities at the operational level (Regular video conferences...)

Best practices (2)

- Making available supplementary funding for communication by clinical and community partners to call patients for their appointments for a 3-month ARV replenishment
- For community distribution of ARVs, departmental directors with support from partners have been called upon to ensure the safety of travel for community agents (observing strict barrier measures in public or private transportation)
- Raising patient awareness on barrier measures to stop transmission of COVID-19 and systematic checking for clinical signs related to COVID-19
- If signs are present, refer client in surgical mask and put in touch with COVID-19 screening and care services

Follow-up and assessment in the COVID -19 context

With a view towards capturing information on PSD (DSD) in the COVID-19 setting, the PNLs, in collaboration with the PSD task-force, has developed and brought up to date certain tools for data collection and reporting:

- Clinical checklist made up of COVID-19 items
- Follow-up sheet on patients in community distribution
- Quarterly reporting sheet for differentiated care

Tools for community follow-up / COVID -19 context



Fiche de suivi des patients bénéficiant de ARV en communauté

District sanitaire de :

Etablissement sanitaire de :

Nom et contact du chargé de distribution des ARV :

Structure de Provenance :

Nom et contact du superviseur de l'agent :

Période distribution du _____ au _____

A remplir par le chargé de distribution des ARV en communauté lors du contact avec le patient

Date de la visite	N° Unique d'identification du patient	Motif de la visite	Femme enceinte ou Femme allaitante (O/N)	Screening TB* (Positif : P Negative : N)	Screening COVID ** (Positif : P Negative : N)	Autres problèmes de santé*** (Préciser)	Régime ARV Et Quantité	CTX (O/N)	INH ((O/N)	Reféré pour consultation**** (O/N) (Si oui , Préciser la Raison)	Signature du client Et contact du Patient	Commentaires

*Screening de la tuberculose : présence d'une toux, fièvre, difficultés respiratoire sueurs nocturnes, amaigrissement (une perte de poids involontaire>3kg au cours du dernier mois), fièvre vespérale qui dure depuis plus de 3 semaines, contact avec une personne ayant la tuberculose/COVID positif, présence d'adénopathie périphérique (enfant)

**Screening de la tuberculose et COVID : présence d'une toux, fièvre, difficultés respiratoire

*** Problèmes d'alerte : demandez si le membre a un gonflement de la cheville, le visage enflé, un essouffement, une diarrhée pendant plus de 2 semaines, un mal de tête sévère

**** Raisons pour une référence clinique : 1. nouvelle Grossesse, 2. CV> 1000 et nécessite un accompagnement de l'adhérence renforcé, 3. Screening TB positif, 4. infections opportunistes probables, 5. Problème d'adhérence important, 6. Autre



Checklist clinique de suivi des patients en bénéficiant de ARV en communauté

Etablissement sanitaire de PEC ARV :

N° Unique d'identification du patient :

Age :

sexe :

Régime de traitement (ARV) :

Autres médicaments reçus :

Cotrimoxazole

INH

Autres:

Préservatifs reçus

Oui / Quantité

Non

Nouveaux médicaments prescrits (Hors ARV) depuis la dernière distribution de médicaments

Non

Oui

Si oui spécifier:

Éléments à rechercher à l'interrogatoire dans Contexte de COVID-19

Toux

Fièvre

Difficultée Respiratoire

*Donner des conseils sur les mesures barrière à prendre et sur l'auto-confinement puis avertir le médecin chef du centre de santé

Cas suspect de COVID-19 * (Si l'un des signes présent + Contact avec un cas confirmé de COVID-19 dans les 14 jours avant le début des signes alors c'est un

Éléments à rechercher** à l'interrogatoire :

Fièvre

Toux

Sueurs nocturnes

Perte de poids

Actuellement enceinte

Fatigue/ essoufflé

A un enfant exposé au VIH

Gonflement de la cheville / Gonflement du visage

Démangeaison au niveau de la peau

Vomissement / douleur du ventre

Diarrhée

Jaunisse (ictère des yeux)

**Si oui à l'un de ces signes , référer le patient à l'agent de santé pour une consultation

Identité de la personne qui a rempli le formulaire

Nom:

Signature:

Date :

Challenges and priority questions

Challenges

- Intermittent disruption of ARV stock
- Insufficiency of follow-up on COVID crisis planning before allowing decisions to be taken for PLWHA (PNLS not directly involved in COVID-19 national committee)

Priority questions (HIV and COVID-19)

- No data at present on adherence to ARVT for patients with COVID/HIV comorbidity
- Prevalence of HIV and COVID-19 comorbidity???
- What protocol for COVID patients living with HIV ???

Thank you!





Réponse du bénéficiaire de soins communautaire

Response from the recipient of care
community

Alain Somian

Directeur Exécutif Du RIP+, Cote d'Ivoire



Panel Discussion



Lee Abdelfadil
Global Fund



Catherine Godfrey
PEPFAR



Wame Jallow
ITPC



Ani Shakarishvili
UNAIDS

Today's Panelists



What are some of the most interesting/important DSD innovations that you have seen in response to COVID-19?

Quelles sont les innovations en matière de PSD les plus intéressantes/importantes que vous avez vues en réponse à COVID-19?



What are some of the most interesting/important DSD innovations that you have seen in response to COVID-19?

“The most important innovation I believe is the separation of clinical care from drug dispensing. MMD and decentralized delivery have been accelerated...”

“We have seen impressively rapid change in policies and policy actions like circulars, executive orders and MOH guidance...that ensured expanding...MMD of ARVs, TPT, PrEP and opiate substitution therapy (OST)...”

“We have also learned about innovative delivery methods for ARVs and other drugs by peers and communities themselves...”

“Countries have embraced MMD by extending...ARV prescriptions, reducing thresholds of eligibility for 3- and 6-MMD...MMD has expanded to PrEP, TPT, condoms...one country is extending refills of OST...”

“Community ART distribution, small scale dispensing machines, postal system delivery, home delivery...”



What are some of the most interesting/important DSD innovations that you have seen in response to COVID-19?

“Introduction of self-testing in some countries... and expansion of self testing in others with active efforts towards demand generation among specific groups, including key populations, distribution of self-tests through pharmacies, door-to-door delivery, food stores, etc....”

“National programs have expanded the eligibility and priority populations for HIV self-tests. One country has a helpline that helps the caller do the self-test and assists in referrals if needed for further prevention and treatment linkage services...”

Changes in Official MMD Policy due to COVID-19

Number of PEPFAR Countries Supporting MMD



20 countries, or 54% of countries considered, have changed their MMD policies to be more inclusive in the last two months due to COVID-19.

● Countries who have officially changed policies since March 2020 due to COVID-19

● Countries who have not officially changed their policies due to COVID-19 as of 5/27/2020

Decentralized Drug Distribution

TYPES

Home Delivery

- Via CHWs, pharmacy support staff, program staff, expert clients, postal service
- Obtain consent before & use discrete packaging to reduce risk of stigma

Community Pharmacy

- Private pharmacies that meet quality standards & are conveniently located
- Fees waived, service agreements w/ program
- Support and monitoring through electronic platforms

Automated Dispensing

- Drug lockers or ATMs installed in high volume districts
- Automated reporting for logistics
- Refilled by program staff

Alternative Pick-up

- Alternate points such as drop-in centers or other locations
- In light of COVID-19, consider what is not locked down

BENEFITS

- Public transport difficult in setting of lockdown
- Aim to bring meds to convenient decentralized location.
- Reduce time spent at facilities.

Poll Question 1:

- Do you agree with this statement: COVID-19 has led to substantial changes in DSD models in my country? (Or, for global partners, in the country/region you support)
- Êtes-vous d'accord avec cette affirmation: COVID-19 a entraîné des changements substantiels dans les modèles DSD dans mon pays? (Ou, pour les partenaires mondiaux, dans le pays / la région que vous soutenez)



What about DSD keeps you up at night?

En cette période de COVID, y a-t-il des problèmes affectant la PSD qui vous dérangent au point d'en perdre le sommeil?



What about DSD keeps you up at night?

“We are not measuring the effect of the new innovations. Does decentralized delivery improve adherence or viral suppression?”

“A heartbreaking number of people living with HIV are lost to follow-up.”

“It has been 4 years since WHO first recommended DSD and MMD...Meanwhile, their implementation has been slow. This is the time to urgently implement these people-centered and diverse needs-based approaches.”

“Some immediate obstacles to implementing/expanding DSD such as both perceived and real stock out of ARVs...”

“Are we sufficiently addressing the needs of those who are sicker, with advanced disease and/or co-morbidities?”

“Ensuring the most vulnerable continue to have services and that we can support rapid service delivery adaptation to meet their needs...”

Poll Question 2:

- How confident are you that the changes made to DSD treatment models will work to support adherence to ART and retention in care?
- Quelle est votre niveau d'assurance sur le soutien que peut avoir les changements apporter aux modèles de traitement PSD sur la rétention et l'adhésion au TARV?



Where do you think we will be six months from now, with regard to DSD models?

Où pensez-vous que nous serons dans six mois, en ce qui concerne les modèles de PSD?



Where do you think we will be 6 months from now?

“In a way, the COVID-19 pandemic has a silver lining...it showed all of us that policy and operational challenges we thought were unsurmountable can be resolved when political commitment meets adaptive innovative implementation.”

“I think/hope that we will have DSD for those with advanced disease, for those with comorbid medical conditions and for those requiring opiate substitution therapy”

“I hope that DSD as an approach is viewed differently and is more seriously considered across the spectrum of HIV and TB prevention, treatment and care as a human rights-prompted solution.”



Do you think our M&E systems will be able to capture the impact of COVID-19 on HIV programs in general and on DSD in particular?

Que pensez-vous qu'il est important de garder à l'esprit en ce qui concerne le PSD et COVID-19?



Will M&E systems be able to capture the impact of COVID-19 on HIV programs in general and on DSD in particular?

“No. The M&E systems are not designed to capture the effect of shut-downs, and the usual metrics of success are heavily confounded. We need to think carefully about what we can measure. “

“At country level, there is such a variety of M&E systems and how differently they capture DSD elements ... that it might be difficult to predict their ability to capture the impact...”

“I’m not sure...the M&E system varies greatly between programs but the effect on programmatic coverage has been well-captured by many programs, especially vis-à-vis service disruption including reduced ART initiations, new on treatment and loss to follow up ... DSD specific data at subnational and sub-population level will be more tricky to capture...”

What else do you think is important to keep in mind with regards to DSD and COVID-19?

Pensez-vous que nos systèmes de S&E seront capables de capter l'impact du COVID-19 sur les programmes VIH en général et sur le PSD en particulier?



What else should we keep in mind?

“The questions we asked a few months ago are becoming irrelevant: can we differentiate HIV services? For which populations? In which epidemiologic context? The pandemic gave us a resounding answer of YES.”

“Some countries and programs who were reluctant to adopt DSD models quickly changed policies and moved to implement ... it can be done!!”

“COVID-19 also demonstrates how important it is to take into account and address social, structural and economic aspects of well-being and health – e.g., food, transport, childcare, violence, poverty, etc. DSD should also be about differentiated delivery of support and social protection.”

Poll Question 3:

- Do you agree with this statement: Recipients of care have been sufficiently engaged in planning changes in DSD models in response to COVID-19?
- Êtes-vous d'accord avec cette affirmation: les bénéficiaires de soins ont été suffisamment impliqués dans la planification des changements dans les modèles PSD en réponse à COVID-19?

Useful links and next steps/Liens utiles et prochaines étapes

- Slides and recordings from all past CQUIN webinars are posted to the website:
<https://cquin.icap.columbia.edu/cquin-covid-webinars/>
- Relevant guidelines, protocols, articles, and training materials have been archived on the CQUIN website and additional resources can be found at <http://www.differentiatedservicedelivery.org/>
- Next week's webinar – June 23 @ 8am EST: *DSD & COVID Update from the WHO*
- Les diapositives et les enregistrements de tous les webinaires précédents de CQUIN sont affichés sur le site Web :
<https://cquin.icap.columbia.edu/cquin-covid-webinars/>
- Les lignes directrices, protocoles, articles et matériels de formation pertinents ont été archivés sur le site Web de CQUIN et des ressources supplémentaires peuvent être trouvées à l'adresse suivante
<http://www.differentiatedservicedelivery.org/>
- Le webinaire de la semaine prochaine — 23 Juin à 8 heures HNE : PSD et COVID, mise à jour de WHO